

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. State Farm Insurance

Mailing Address 1444 N. Kingshighway

City	State	Zip Code
St.. Louis	MO	63113

Purpose of Disbursement
Auto Insurance

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2015

Amount of Each Disbursement this Period

582.00

Transaction ID : SB17.20295

B. Yemanja Brasil

Mailing Address 2900 Missouri Avenue

City	State	Zip Code
St. Louis	MO	63118

Purpose of Disbursement
Fundraising Expense

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2015

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.20298

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1082.00

47853.50
